

WORKFORCE SERVICES

sdjobs.org

**WORK EXPERIENCE OR COMMUNITY SERVICE ASSIGNMENT
TIMECARD****PARTICIPANT NAME:***Must match name in SDWORKS***SSN Last Four:****PROGRAM:**

Signed timecards must be legible and received by the DLR job service office **no later than Monday following the week worked** (Tuesday if there is a Monday holiday observance). Work Experience and Community Service Assignment (CSA) payments are processed on Tuesday (Wednesday if there is a Monday holiday observance). Participants can expect payment Wednesday of the following week.

Allowable hours are based on program budget. Child labor laws apply.

MONTH:	<i>Work week begins on Saturday and ends on Friday. Hours are rounded to the nearest quarter hour.</i>							
	SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TOTAL
DATE:								
HOURS:								

Signatures below indicate agreement of the hours worked indicated in the table above were in accordance with the Work-Based Training Plan Agreement.

BUSINESS REPRESENTATIVE

Name: _____ Signature: _____ DATE: ____/____/____

This name and signature must match one of the signatories on the Training Plan Agreement (Form 19). If signatures appear to not match a signatory from the Training Plan Agreement (Form 19), a payment may not be made and a new time card must be submitted.

If SCSEP Participant, how many of the total hours were supervised?: _____

PARTICIPANT: _____ **DATE:** ____/____/____

SUBMISSION

DLR Staff Name:

Tel:

Fax:

Email:

<i>Minutes</i>	<i>1-7</i>	<i>8-22</i>	<i>23-37</i>	<i>38-52</i>	<i>53-59</i>
<i>Round</i>	<i>:00</i>	<i>:15</i>	<i>:30</i>	<i>:45</i>	<i>:00</i>